

DENTITION,

ACCORDING TO SOME OF

THE BEST AND LATEST GERMAN AUTHORITIES.

INTENDED FOR DOMESTIC USE.

BY

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DENTITION.

GENERAL REMARKS RESPECTING THE TEETH.

THE teeth are by anatomists included amongst the bones, but they differ from all the other bones in their extreme hardness. Their main object is the biting and mastication of food, but they are also indispensable to the perfect enunciation of the human language, which, after their loss, becomes indistinct; and they materially contribute to the general health by preparing the food for digestion, thus greatly diminishing, and rendering simply natural, the labor imposed upon the stomach.

Every tooth is composed of a *crown*, which is the part apparent above the gum, a constricted portion around the base of the crown called the *neck*, and a *root*, which is contained within the socket in the jaw. The three parts are in intimate relationship, and thus form one single bone. The roots are, if the

tooth be perfect, longer than the crown, but we find frequent disfiguring variations from this rule. The root is either single, as in the incisors and eyeteeth, or double and triple, as in the molars.

The whole tooth then consists of a hard, dense, white, bony structure, far surpassing all other bones in hardness and firmness, without any cells or marrow, and having the appearance of steel when broken. The root of some teeth is covered with a horny structure, which is yellow, and less hard. The crown is not covered, like other bones, with a periosteum, but with a brittle, bony composition, called enamel, which forms a crust over the whole exposed surface of the crown, becoming gradually thinner as it approaches the neck. This enamel is firmer, and harder even, than the tooth itself, and is thus the hardest structure in the whole human body. In a healthy condition its color is yellowish-white, and it can hardly be affected by an iron file. On its surface, when healthy, it is glossy and smooth; it has no vessels or nerves; it is composed of lime and phosphoric acid, with a little carbonic acid, and is virtually a mineral substance, covering the tooth to protect it, not only against the influence of air, food, and beverage, but against breaking, when hard substances are bitten upon; in fact, supplying the teeth with the

strength required for their office. If, either by outward or inward causes, the enamel is injured in such a way as to expose the tooth itself, the latter is soon destroyed by caries, which is rendered perceptible by the black color of the affected parts.

Everybody knows, that the teeth are sensitive, particularly when they come in contact with very hot, or very cold substances; since nerves are the seat of every sensation, the teeth must therefore be supplied with nerves, and their presence has been proved by anatomy. Every tooth contains an oblong cavity, which has neither cells nor marrow, as other bones have, but which is covered by a thin membrane. The opening into this cavity is a small aperture at the point of the root, and in the molar teeth each root has a separate aperture; the various channels however become united in the crown of the tooth. Through these channels, and in the lining membrane already mentioned, the nerves enter, and spread in the minutest ramifications through the substance of the tooth, imperceptible to the microscope, but evident from the fact, that every part of the tooth is endowed with sensation.

The gums embrace the tooth at its neck; so closely, that they cannot be separated without bleeding. If the gums become diseased, they spontaneously separate from the

tooth, and leave it exposed, which occurs most frequently with the incisors of the lower jaw. As the neck of the tooth is not covered by so thick a layer of enamel as the crown, diseases of the gums, when of long duration, always induce a destruction of the teeth; and *vice versa*, a decay of the teeth exercises an injurious influence on the gums. The latter are dense and firm, consisting of a rather hard, spongy, cellular structure, which is very vascular. Their sensitiveness is slight, and becomes deadened from infancy by the pressure exercised on them in masticating food. With old people, who have lost their teeth, (whereupon the sockets become closed by a bony structure, and covered by the gums), such a degree of hardness, and so great a loss of sensation occurs, that the gums may be used for the purposes of mastication.

In childhood too, before the teeth have made their appearance, the gums cover the jaw bones. The newly-formed teeth must pierce the gums, and in another place we shall take occasion to caution parents against rendering this process more difficult, by unnecessarily hardening the gums, which is so frequently done by encouraging infants to bite on hard substances, under the erroneous impression, that it facilitates the cutting of the teeth.

The shape of the teeth varies, and we di-

vide them into incisors, canine or eye-teeth, and molars.

1. The *incisors* or front teeth, which occupy the extreme front of the jaws, are distinguishable from the other teeth by their breadth. These teeth are found in man, and herbiferous mammalia only; in carnivorous animals they are round and pointed.

Each jaw has four incisors, thus there are eight of them altogether. Usually, the incisors of the upper jaw are larger than those of the lower, and the former project over the latter; occasionally they are of a striking and disgusting size. The two middle ones are larger than the others. The roots are simple and oblong, seemingly pinched together from both sides, and terminating in a blunt point. The shape of the crown is that of a chisel, convex in front, concave behind. Their use is to bite off the food; on them also depends the accuracy and distinctness of articulation.

2. The *canine*, or eye-teeth, are to be found on both sides of the incisors, two in each jaw, thus altogether four. They serve to bite, or tear, such food as is too firm for the incisors. Their roots are simple and oblong, but longer than those of the incisors, and so large, as to be seen and felt under the gums. The two eye-teeth of the upper jaw are, on the whole, stouter and longer than

those of the lower, and very much disposed, in many cases, to protrude from under the lips.

3. The *molar* teeth are those, which chiefly come into play in eating, as they serve to masticate the food. They also contribute towards the symmetry of the face, by filling up the cheeks.

A full-grown person has 20 molar teeth; 5 on each side of each jaw. The two first are smaller than the other three; have smaller crowns, which are divided by a ridge in the middle. Their roots are sometimes single, at others double. The three back molars are larger and flatter in the crown, which is divided cross-wise by two ridges. The last molar tooth on each side of each jaw-bone appears very late, rarely before the sixteenth year, sometimes after the thirtieth, and occasionally not at all. Owing to the late appearance of these teeth, they have been called wisdom teeth.

Thus, an adult should have altogether 32 teeth—8 incisors, 4 canine, and 20 molar. They are developed in a very different manner from other bones. Every tooth is formed in its socket, which, until the tooth has broken through, is on all sides closed by bone, and moreover, covered by the gums. In this socket, thus immured, we find at first a little membranous, vascular sac, surrounded by a soft cellular structure. Du-

ring the third and fourth month of pregnancy, the germ of the tooth is developed in each of these little sacs, consisting at first of a soft, gelatinous, transparent substance, in which, from the fifth month upwards, the bony matter is gradually evolved. Thus is created, at first the bony part of the crown, next, the bony substance of the root, the growth of which gradually pushes up the crown, and finally causes the tooth to pierce the gums. Much yet remains in the dark concerning the formation and development of the teeth, particularly with reference to the enamel.

With regard to the natural process of teething, we shall speak in the next division of our subject, and therefore confine ourselves in this place to stating the fact, that the cutting of the teeth is caused by the gradual growth of the roots. Thereby the crown is pressed against the edges of the socket, and the gums covering this, until these parts become gradually so thin, as finally to yield, and then the crown becomes visible under the skin.

Before birth, and for some months after, the sockets of the teeth are closed.

The teeth which appear during the first period of life are called milk-teeth, because they fall out in the seventh or eighth year, to be replaced by new and permanent ones.

There are 20 of these milk-teeth, and the succession in which they appear, will be noticed in the next chapters. Usually, they are all present by, or soon after, the end of the second year: thus, the first teething is succeeded by an interval of several years; the second commences about the eighth year. The milk teeth then begin to loosen, and generally fall out in the same order in which they appeared. Their place is taken by the permanent teeth, which are larger and have longer roots. About the same time the jaws reach their full growth, and the back molar appear, which are not changed.

The milk teeth are not pushed out by the permanent, but their roots disappear gradually, until they become too short to hold the teeth in the socket, upon which they fall out. But there are many instances where the disappeared roots grow again, if the milk teeth are not removed in season. These become then once more firmly fastened, and the new permanent teeth are obliged to grow in an oblique direction. This can be obviated only by a seasonable extraction of the milk tooth, which ought never to be omitted or delayed; in the first place, because the face becomes disfigured, and in the second, because the early decay of the teeth is promoted by such deformity, the food sticking between, and decomposing them.

NATURAL COURSE OF TEETHING.



HAVING in the previous chapter briefly explained what the teeth are, and how they differ one from another, we now proceed to describe the natural, and healthy process of dentition, which must be first explained, before that, which is morbid and unhealthy, can be understood.

The first teething marks one of the most important eras in the child's life. Yet it is a mistake to look upon this dentition as the only, and chief symptom of this period of development, and to regard it as a mere vegetable growth in the jaw. The phenomena which become apparent about the time of dentition, belong to the whole infantile organization, and that is precisely the reason why it is so frequently attended with fatal results.

The most superficial observer cannot help noticing the external change in the organism of the child. The face, which hitherto had no expression, receives a distinctness of features; the expression of the eye acquires a meaning; the mind seems from that time to speak through it, and that very important changes must be going forward in the brain about this period, is manifested by the altera-

tion in the shape of the forehead, which so far had been very prominent, but now flattens and becomes broader. The appearance of the teeth separates the jaws further; the face, which was round, becomes oval; and this, too, adds to the expression of the features.

At the same time there is a change in the mode of living; by furnishing the child with teeth, nature seems to hint that it should now receive more solid food. Agreeably to the dictates of nature, the child's nourishment has thus far been confined to the milk of the mother or wet-nurse; but now the infant must be weaned, and receive nourishment which assimilates more to the diet of the adult. Keeping the infant at the breast after teeth have been cut, is a very pernicious practice, injurious to mother and child. But the change from mother's milk to solid food should be gradual. If sudden, the feeble powers of digestion in the infant will be destroyed, and scrofula with its kindred diseases, worms, etc., are engendered; laying the foundation for a weak and sickly constitution.

Dentition is so much dreaded by many, that they are apt to attribute all indisposition, and every death during the first months of life, to its effects.

Others again go into an opposite extreme,

and maintain, that teething is a natural process, requiring no interference of art. Both are wrong. The process of teething in itself is certainly no disease, still less a dangerous one, but merely a natural period in the development of the child's organism. Yet the increased activity of animal life, and greater excitement in the vascular system, may, combined with the nervous irritation, which is always present during dentition, occasion violent and dangerous symptoms.

The period, at which the first teeth appear, is not the same with all children; generally about the eighth month, sometimes the eleventh or twelfth; seldom later.

Too early, and too late teething are both critical. In the first case we must apprehend, that the constitution will not be strong enough to bear the revolutions in its organism, and in the second case we draw the conclusion, that there is a languid activity in the development, and a morbid condition in the growth. In most cases a very late dentition may be regarded as a premonitory sign of scrofula, wherefore it is essential to bestow additional care on the treatment of children who begin to teethe late.

Very rarely teeth appear soon after birth, and still more unusual is it to see children born with teeth. King Louis XIV. was born with a tooth.

The order in which the teeth appear, is not the same with all children; the most common order is as follows: first, the two middle incisors of the lower jaw, then the corresponding incisors of the upper jaw; next, the two outside incisors of the lower jaw, and soon after those of the upper; after another interval, the first four molars, then the eye-teeth, then again four molars, and this concludes the first dentition, which usually lasts from the twenty-fourth, or twenty-eighth week of the child's life, till the end of the second year.

In the cutting of a tooth, we notice two distinct stages: during the first, the tooth swells in its entire germ, expands, and presses hard on all the parts surrounding it: during the second stage, it is elongated, elevated, pressing against the gums, and finally breaking through them. These two stages do not succeed each other rapidly, but there is frequently a long interval between them, during which the infant appears free from pain, even though the suffering had been very severe during the first stage. The breaking through the gum, or rather the close of the second stage, is not usually accompanied by suffering, or other morbid symptoms. As soon as the process of dentition commences, we notice general irritation in the mouth, but no particular redness of the gums, no

swelling, or elevated spot on them. The child begins to salivate profusely, becomes uneasy, frequently utters a sudden cry, after which it is at once again easy, sometimes the eyes are reddened, especially in the inner angles, and the cheeks occasionally flushed. The sleep is interrupted by sudden, frightened startings, and the gums appear to itch, as the child shows a great desire to put everything into the mouth, and to chew on it, and likes to have the gums rubbed with a finger. However harmless it may appear to give way to the child's wishes, it is very necessary not to carry this indulgence too far, or to give it hard substances into the mouth. Biting on such, hardens the gums, and it is self-evident, that the cutting of the tooth through hardened gums must materially aggravate the infant's sufferings. It is, therefore, very fallacious to give teething infants ivory and other hard rings to bite upon; those made of India-rubber are much to be preferred; but a crust of bread is still better, after having been a little moistened in warm milk or water, and it may be fastened with a string about the child's neck, so that it cannot be swallowed. But the chewing of even such soft things is to be allowed only whilst the gums are soft, and free from inflammation; if they are dry, hot, and painful, the chewing and rubbing will only increase the difficulty.

Amongst the earliest symptoms which accompany dentition, is a diarrhœa, *which is to be regarded as a beneficial effort of nature.* The whole process of evolution seems to be going on in the head; the blood rushes thither in greater abundance, and in children who carry the germ of a disease within them, symptoms of a very alarming nature may appear in consequence. Everything calculated, at this time, to draw towards another point the excess of vitality in the head, is at the same time capable of preventing bad consequences. In this way does the diarrhœa act in dentition. Beware, then, of stopping this diarrhœa by any imprudence! Let it take its course, unless it be in excess, or if there are serious symptoms present, to indicate that the diarrhœa is owing to disturbances in the digestive organs, from other causes than teething. We should come to this last conclusion from emaciation of the child, a rumbling in the belly, inflammation on the anus, etc., and what is to be done then, will be found in a succeeding chapter.

As a general thing, we need apprehend nothing from the diarrhœa of children during dentition, but leave it to itself in those infants, who have been brought up carefully, and sensibly; who have not been allowed cake and other objectionable food; who have, until dentition commenced, received nothing in the way of nourishment, but the mother's

milk; who have been kept clean; neither too warmly clad, nor unnecessarily exposed to cold and damp; who, in fact, have been brought up in such a manner, as to leave their digestive organs in a normal condition.

The first stage of dentition, described thus far, is sometimes long, at others short. It is followed by an intermission, during which the child is quiet. Next comes the second stage. The young tooth strives to pierce the gums, which become burning hot, and communicate the heat to the mouth, cheeks, and the entire head. The child dreads taking anything into the mouth, utters a loud cry when biting on any substance, even the nipple. On the spot where the tooth is endeavoring to break through, we notice either a white, or deep red point, which is very sensitive to the touch; the child changes color suddenly, is uneasy, shows a desire to leave the nurse's arms, and be laid down, which has hardly been done, when it wishes to be taken up again; it is pleased with nothing, it wishes to drink, but draws itself back when put to the breast— in short, it is evidently tormented by painful sensations, which give it no peace or comfort, and are often accompanied by flashes of fever, and diarrhœa.

The painful symptoms attending the cut-

ting of the teeth are most violent at the time the first appear, because about this period the general development of the organism shows itself most intensely. When the last milk-teeth are cut, the violence of the period is generally over, the whole difficulty of the trouble is confined to the mere cutting of the teeth, and there is no longer any fear of danger.

Many labor under the mistaken idea, and are confirmed in it by some physicians even, that the size and shape of the teeth has much influence as regards easy or difficult dentition. If this were true, the cutting of the eye-teeth would be the easiest, and that of the molars the most difficult, whereas just the reverse is the fact. We maintain, therefore, that the alarming symptoms, during dentition, are not to be ascribed to the piercing of the jaws and gums by the teeth, but to the general evolution of the body. Thus the suffering during dentition, depends on the greater, or less, excitability of the whole system, produced by the greater or less degree of constitutional derangement.

We have described the course of dentition, as it appears naturally and usually. There are a great many deviations from this course, and to such abnormal conditions we shall devote a special chapter.

We have still, however, to notice the fact,

that in some children the teeth are cut without even the knowledge of the parents, and without any symptoms indicative of the process. If it be true, that in healthy and strong children, the whole period of evolution, teething of course included, generally passes favorably, this ought not to dispose us to pronounce as being healthy and strong, all those, whose dentition is unattended with any untoward symptoms.

On the contrary, we shall find that such children are generally among the weakest, in whom nature is in so negative a condition, as to be incapable of any powerful demonstration. There is reason for alarm, both in a totally painless, and in a very painful dentition: the middle course is decidedly the best.

In concluding this chapter, we must say something on the diet of teething children. It is, indeed, of the highest importance, that the diet should be attended to from the time of birth; but by going back thus far, we should exceed our limits, and diverge into an essay on Dietetics, instead of one on Dentition.

A judicious attention to diet, from the birth, most indubitably reaps its beneficial consequences during dentition, because it enables the infant to go through the dangers of teething without injury. In such cases

there is hardly need for anything but care, to preserve the digestive powers in their normal state.

The mother should take care to keep the bowels open by tepid injections, if there should be a disposition to costiveness. In dangerous cases only, recourse may be had to more powerful means, which will be indicated in the next chapter. We have already observed, that if diarrhœa be present, it should not be checked, unless arising from other causes than dentition. We strongly recommend plenty of fresh air, whenever the weather permits it. Nothing is more injurious than keeping the infant too warm, or too cold. Be cautious, too, during this period, that the child's feet be warm, which will have the effect of drawing the blood from the head, and prevent mischief in the latter; keep the head cool, and never cover it with warm caps. If the child has plenty of hair, the head needs no other covering within doors; if it has not, cover it as lightly as possible. The bed should be well aired, the bed-clothes light. Tepid baths are, by their cleansing properties, great auxiliaries in preserving the lives of children, and during dentition an additional reason for their use is to be found in their soothing influence.

Infants are generally quiet at the breast during dentition; at least they should be so.

The mother, or nurse, should contribute her share towards the child's relief, which she can do by confining herself to a cooling diet, and avoiding all heavy food, that the milk may not become too rich for the infant's digestive powers. If the child has been weaned, its diet should be regulated with extreme care, because during dentition there is additional liability to disorder in the digestive organs, often causing indisposition, which, combined with the dental irritation, is apt to occasion severe and dangerous diseases.

Therefore, never wean a child during the cutting of the first teeth. It is best to nurse the child eight or nine months, and usually in the ninth month there will be that quiet interval, which separates the cutting of the incisors from the molars. In those cases where dentition commences late, weaning should also be deferred. As we have said, diet is of the greatest importance during dentition, and it can of course be better regulated at the breast, than if the child had already been accustomed to other nourishment. We cannot here enter upon the best method for weaning — (that will be found in works on dietetics) — and confine ourselves to laying down general rules: — the child should not be weaned until the violence in the evolutions has passed, and a

time of perfect quiet and strength has arrived. After weaning also, the child should be accustomed only to very light diet, because rich and heavy articles of food would be liable at this period to lay the foundation for rickets and scrofula ; finally, the child must be as much as possible in the open air, if it is to live through the period of dentition.

MORBID COURSE OF TEETHING.

WE have already said, that the cutting of the teeth is the natural barrier between the first, and second period of a child's life, and that, consequently, dentition is to be looked upon as a necessary, and natural function of the organism. We have likewise observed, that dentition is not to be considered as a disease, and that nothing need be apprehended from it alone in healthy children. A combination of unfavorable circumstances may change this natural process into a diseased state, and give origin to actual malady.

We have also remarked already, that dentition, as a process of evolution, is not attributable to a mere increase of vitality in the jaw, but that it belongs to the general activity of life, the more so, as this change leaves traces in the whole organism. The cutting of the teeth is consequently only a limited, and single part of the whole evolution. The latter is manifested by the fact, that now the animal functions become more apparent and prominent. The child grows less dependent, resists external influences, and its general appearance, particularly about the head, undergoes a change. The gradual disappear-

ance of the very striking prominence of the forehead gives to the face a more lively and intelligent appearance ; the expression of the eye is now more quick and speaking ; all the features become more distinct, and show some degree of character ; the entire frame gains strength and firmness ; and now the fontanelles on the top of the head begin to close entirely.

It is evident that, when all these changes are going on too rapidly, when the necessary current of blood to the brain, which is the main seat of the evolution, is too violent, the brain may be overloaded, and dangerous febrile movements, as also derangement of all functions, may be the consequence. This must be borne in mind in order to understand correctly the whole process. The general evolution of the organic system, and individual organs, accounts for the increased activity of the circulation during this period, for congestion to the head, red, glowing cheeks, frequent inflammation of the eyes, eruptions of the skin on the head and face, tendency to inflammation of, and water on the brain, so very frequent during dentition. We account for the increased, and altered secretion of saliva in teething children, by the local irritation ; and for the watery, mucous, and bilious diarrhoea, by the consensual influence of the brain, which is likewise affected, and by the

whole constitutional derangement. The idea that dentition is only a local affection, confined to the gums and the jaw, is, as we have shown, a very erroneous one.

The question next to be considered is :—
What constitutes morbid or difficult dentition?

Dentition is morbid, when accompanied by severe, constitutional, general derangement. Violent fever, obstinate constipation, a comatose state, drowsiness, and convulsions, are the worst symptoms of this period, and if not promptly arrested, they will either kill the child very soon by apoplexy, or pave the way for, or leave behind them, the germ for subsequent and dangerous diseases, such as hydrocephalus, epilepsy, and paralysis.

As regards the diarrhœa during dentition, we have already pointed out its beneficial action; but if it should be in excess, especially in children who have been suddenly weaned, it becomes very dangerous. Should convulsions supervene to the diarrhœa, the child's chances for life are very small.

What we have to dread especially, is too great a rush of blood to the head, and overloading of the brain producing congestion; this is a condition attended with immediate danger, and requires energetic and most powerful treatment; therefore it is, that a gentle loss of humors is of such great service in dentition, and hence the diarrhœa is soothing

If teething children are costive, their bowels should be kept open artificially, and the more so, if their constitutions be plethoric. Constipation is always attended with increased tendency of blood to the head, and thus there is with it always danger of cerebral affections.

The first means to be resorted to for keeping the bowels open, are tepid injections, which may be repeated three to four times during the day. The mother must adopt a very meagre diet, that the child may receive only very easily-digestible milk. If the infant be weaned already, it should live on liquid food, thin water gruel, barley water, honey and water, and whey. The latter should be made thus:—take one pint of milk, and the white of three eggs, beat the latter a little, then pour it into the milk, and let them boil together. The white of the eggs, and the solid parts of the milk unite, and form a sediment. The clean whey should then be strained, and a little sugar added, when it will be ready for use.

Usually, in these cases, the children have but little appetite, and they should not be urged to eat. Particularly objectionable is all rich and heating food. Toast-water, thin gruel, diluted milk, and boiled fruit, may be given.

In more aggravated cases small doses of

Nux vomica tincture, are very valuable, and may be alternated with *Sulphur*.

Local treatment of the gums, does little, if any, good. To lance the gums has no other advantage than the abstraction of blood, temporarily relieving the inflammation. It is of no assistance to the coming tooth; and the best modern physicians now never perform this operation, considering it as useless, and a wanton infliction of pain upon the infant. If abstraction of blood be desirable for relief, it is far more easily and surely to be obtained by a leech.

Other local remedies are also of little use. To rub the gums, as many do, with various substances, is mere quackery. They have been recommended by ignorant people, who look upon dentition as a local affection.

As long as the febrile symptoms remain slight, there is no necessity for medical interference. Strict diet will be sufficient, if assisted by careful attention to keeping the head cool and the feet warm. The sufferings are aggravated in the evening, and therefore additional care is necessary at that time, even in the lightest cases. Exposure to the evening air is very objectionable.

If, on the other hand, the fever increases; if the head, particularly the forehead, grows hotter; if the eyes appear dull; if the child

seems to seek something with its hands, or squints; if the urine be scanty and dark-colored, the point of the tongue redder, and the nose obstructed; and if the whole body of the child feels hot and dry, then the fever has reached a height which gives ground for alarm, and requires that a physician be immediately called in.

The choice of the physician, on which we have also something to say, is, however, a very difficult one. But few practitioners have the rare gift of being good physicians for children. This gift consists in a *natural* talent—not to be acquired—a love of children, and an understanding of the means of gaining their affection and confidence, so that they will readily allow themselves to be examined and watched. It requires the practical eye, bestowed on few by nature, and which is so necessary for apprehension, concentration, and separation of symptoms, because the child cannot explain, or show, where the seat of its suffering lies. It requires a circumspect tranquillity, which does not allow a single point or circumstance, deserving examination, to escape him; and finally, *that* knowledge and caution which correctly regulates the dose.

To return. When the fever increases, it assumes an inflammatory character, and the

treatment should be regulated accordingly. The best remedy in such a case is the tincture of *Aconite*. Put two drops of it into half a tumblerful of water, and give a teaspoonful of the solution every hour, or half hour, or even fifteen minutes, according to the severity of the symptoms and the temperament, until the violence of the fever has been broken, which will become evident by the moisture of the skin. As long as the latter remains dry, the danger is not over, and the more profuse the perspiration, the better.

This treatment will usually be sufficient, but in severe cases it will be advisable to alternate this remedy with *Belladonna*, mixed in the same way, but not given as frequently as the *Aconite*; and to add to this internal treatment, warm foot-baths in the evening, tepid injections, etc.

But if in spite of all these remedies, the rush of blood to the head should increase, and the symptoms reach their height, we may reasonably fear the effusion of water on the brain, and the treatment under such circumstances ought to be confided to the hands of a judicious physician. If early and careful precautions be taken, the violence of the circulation will soon be arrested, and with it the other symptoms will disappear.

After recovery, dietetics should in all particulars be closely attended to. It will be necessary to strengthen the child, taking care not to nourish it too much, because that might unduly increase the quantity of blood, and cause an inflammatory relapse. For the same reason, the child's head should be kept constantly cool, and a general principle in bringing up children be carried out, to wit:—the removal of all baneful influences on the senses, by keeping the child in a moderate temperature, exposing it freely to the open air, with due regard to clothing adapted to the season, by daily ablutions and baths, and a plain diet, free from all spice, and other exciting articles of food and drink.

All complaints connected with dentition should be treated with particular care and caution, because owing to the increased nervous susceptibility during this period, the medicines act more powerfully than otherwise.

A peculiar feebleness in teething children is always more or less striking: thus, those who could run alone previously, lose their power, or walk timidly, and are easily fatigued. The foundation for either long indispositions, or firm and permanent health, may be laid during this period of a child's exist-

ence; because all the powers are violently excited, and many a slumbering tendency is awakened; therefore most chronic diseases of children—scrofula, rickets, etc., have their origin in the evolution of this period, which, on the other hand, again, is the means of banishing from the system many previous dispositions to ill-health.

COMPLAINTS ATTENDING DENTITION.

CONSTIPATION.—We have observed already, that injections should first be fairly tried. They are the most harmless of all means, because they excite only the lower part of the bowels to motion, and clear the way for the accumulated and hardened fæces. The best injections are of gruel, oil and sugar, and suffice generally to give immediate relief. Purgatives, without exception, should be avoided as long as possible.

The main point to be attended to, is to remove the disposition to costiveness; and doing this, we should start with the knowledge that costiveness in infancy is attributable only to errors in diet. If the child be still at the breast, the mother should at once be restricted to light and cooling diet; but if already weaned, the child's diet should be very light, and consist almost exclusively of thin mutton broth and pearl-barley water.

If children at the breast are costive, we may safely presume that the milk is too rich, and is therefore digested with difficulty. The

mother should not take very nourishing beverages, such as beer or milk, but live chiefly on vegetables and fruit.

The treatment for constipation will be laid down in the succeeding chapter. It may be aided by injections, and externally olive oil, a little warmed, may be rubbed twice a day on the child's abdomen. In *extreme* cases, and such only, when all other means have failed, and the child is evidently suffering from a want of evacuation of the bowels, it will be well to administer a dose of castor oil or manna, taking care not unnecessarily to resort to these remedies.

DIARRHŒA.—We have already said, that the diarrhœa, so long as it remains within proper bounds, is not an alarming symptom, but is to be regarded as a natural effort to relieve the head. But a very impaired digestion may render it dangerous, and it frequently carries children off, baffling all treatment. The diarrhœa caused by dentition is generally white, mucous, or green. If it be but moderate, leave it alone. It is the best means of relieving the head, and guards against dangerous symptoms, convulsions, fever, etc. But if it become too vio-

lent, all we can do, is to modify the irritability and its effects, since we cannot remove the cause.

The sovereign remedy in such a case is *Chamomilla*, which if taken in time, and administered rightly, and understandingly, will in most instances supersede the necessity of giving any other medicine. The dose should be two to three drops of the tincture in a tumblerful of water; a tea-spoonful at a time every two, three or four hours. And if this were to fail, we have other remedies to depend upon, which have been used successfully in these cases, over and over again. There is *Mercurius*, *Arsenic*, *Ipecacuanha*, *Rhubarb*, *Sulphur*, *Calcarea*, *China*, etc., which ought not however to be indiscriminately selected, but with due reference to the totality of the symptoms.

At the same time we would caution the parents against using these remedies in such a case in "high attenuations." We do so not simply upon our own authority, but upon that of some of the oldest, most experienced and eminent physicians, feeling sure that they will bear us out in our advice, not to give, in such a case, any remedy in a higher attenuation, or trituration, than the third.

On the other hand, we would caution them

against the popular remedies, such as "chalk-mixture," "paregoric," etc. They do not cure, because they are not homœopathic to the case, but they merely *palliate* for the moment, frequently bringing on an alarming re-action; and if the child recovers, it is nature who has done the work, not they.

But if the Diarrhœa becomes very violent, we may aid the internal treatment, which will be more fully treated of in the following chapter, by mucilaginous injections, such as starch, etc. Take a table-spoonful of starch, pour it into a small cup of water, and add one half of the yolk of an egg. The latter is peculiarly efficacious in these cases, and we know of several instances, in which diarrhœa and dysentery in adults defied every other treatment, but were arrested by an injection of the yolk of an egg in water or milk. Some practitioners recommend crusts of bread soaked in wine, or a few sheets of blotting paper dipped in brandy, and placed between two cloths, to be put on the abdomen in *extreme* cases.

In several cases where all hope seemed to be gone, the milk of a fresh, and good wet-nurse, has saved the child. When this appears necessary and practicable, it should not be omitted, or deferred too long. With those children whose mothers are healthy,

the diarrhœa rarely assumes an alarming type.

After recovery from dangerous diarrhœa, the little patient should be treated with very great care, particularly with regard to diet.

SPASMS.—These are a very bad symptom, and attributable to sanguineous congestion, or inflammatory affection of the brain, which is manifested by redness of the face, heat of the head and forehead, and a soporous state. The dangers to be apprehended from this state are apoplexy, and water on the brain. The longer they last, and the more frequent their occurrence, the greater the danger. The most dangerous are those, in which the infant keeps its eyes widely open. The most frequent form of spasms during dentition are:

1. *Spasmodic laughter.* This appears very trifling to the inexperienced eye. A few muscles of the face are distorted, and a smile, otherwise foreign to the child, plays round its mouth. How many a mother overlooks this smile, little thinking to what great danger it points!

2. *Lockjaw*, in which the child is unable to separate the jaws.

3. *Tetanus*, or spasms with rigidity. A very dangerous condition, in which all the muscles of the body become stiffened, and the whole body is bent either forward or backward.

4. *The general spasms, called convulsions*, being spasms of the muscles of the face and extremities, without being accompanied by painful sensations.

5. *The internal spasms*, which are ushered in with symptoms plainly indicating that the whole nervous system is deeply affected. Distortion of the face, especially of the eyes, sudden startings of the body, uneasy throwing about of the head, gnashing of teeth, gasping anxiously for breath, moaning and frothing at the mouth, and loss of consciousness, are the symptoms of internal spasms, which may reach a fearful height, making the infant a piteous object.

The causes for convulsions are various. The weaker and more excitable a child is, the more decided is the tendency to convulsions. If to this be added any circumstance exercising a powerful influence on the nervous system, convulsions soon follow. They may be produced by any error of diet, bad food, too much or too little nourishment, sudden changes of temperature, and inappropriate clothing.

Every violent and sudden emotion of the mother, whether of an agreeable or disagreeable nature, may exert such an influence on the infant as to cause convulsions. Therefore the mother or nurse ought, after every mental excitement, to have her milk drawn off, and not until the mind is again calm, offer the breast to the infant. Above all, however, it should be remembered, that in every severe disease of childhood lies a disposition to convulsions. Every form of disease, in which the brain and nerves sympathize, and likewise every fever, may cause them.

The prognosis in convulsions of infants is very difficult and critical. They constitute one of the most dangerous and important diseases, being liable to suddenly-fatal terminations.

For the treatment of these convulsions during dentition, we refer to the next chapter.

ACUTE HYDROCEPHALUS.—A dangerous inflammatory affection of the brain, very rapid in its course, and usually occurring between the second and sixth years, sometimes earlier, but very rarely later.

The premonitory signs are: a change in the manner of the child, which becomes peevish and drowsy. Some have noticed also an unsteadiness in the gait, and an itching at the nose. Others, again, a fine dry eruption on the cheeks, arms, and sometimes on the lips. And some look upon the muddy, whey-like urine as a characteristic and infallible sign.

The symptoms indicating uncontrollably-excited activity of the vascular system, and violent rush of blood to the head, are,—a high continued fever, quick and hard pulse, great heat of the body, burning heat of the head, rapid breathing, hot breath.

At first the whole is an inflammatory fever, which has its seat in the brain; but if this pathological condition is not speedily arrested, effusion of water on the brain will soon follow.

The anxiety and uneasiness of the child, the great intolerance of light and sound, soon succeeded by want of sleep, with loss of consciousness, the fright and startings of the

child, are evidences that the nervous system is deeply affected in its centre. There is nausea present, but vomiting seldom takes place. Further symptoms are costiveness, rough and dry skin, scanty and red urine.

The predisposing cause lies in the greater vitality of the brain, brought on by the period of evolution which is marked by dentition. We find that the fluids of the body show great tendency at this period to rush to the brain, and the disproportion between the head and body are very striking to every one. The greater the vitality in the brain, the more decided is the tendency to this form of disease. This accounts for the fact, that very lively children, who show early intelligence and brightness, are most liable to be affected with this disease, whilst we never meet with it in adults.

The immediate causes embrace everything which tends to increase the rush of blood to the head, or to excite within the brain an excess of morbid activity. Thus, a violent fever, in connection with the teething, may cause this disease, every external injury to the head, and everything that acts as an irritant to the brain, such as the use of emetics, narcotics, metastasis of exanthematous diseases, and suppression of chronic eruptions on the head.

The prognosis depends upon the violence of the disease, and on the rapidity of its course.

This inflammatory affection of the brain is, of all the diseases of children, the most dangerous, because it endangers a tender and most important organ. It sometimes terminates on the fourth day, or leaves a chronic state behind. For this reason prompt and decided measures are necessary. When the first stage is passed, no hope of a cure remains. In the first stage no effusion is present, which accounts for the rapid and favorable results of prompt and judicious treatment during this stage. When the disease has reached its utmost height, apoplexy occurs, owing to the overloading of the brain, and the child dies suddenly with all the symptoms of paralysis, or the tender structure of the brain becomes disorganized, and internal spasms, or general convulsions bring on a fatal termination under the most awful distortions; enough to break the parent's heart.

The symptoms which indicate the presence of the last and incurable state of effusion, are: dilated pupil which does not contract under the influence of light, squinting, slight injection of the conjunctiva, sleeplessness with coma, low muttering de-

lirium, small thread-like pulse, frequently remitting, hot skin, dry tongue, paralysis on one side of the body, difficult respiration, unconscious discharge of fæces and urine, to which ultimately are added convulsive movements in the extremities. These are followed by a long and most frightful spasm, which terminates in death. If the skin should become moist, and repeated dark green stools, with more abundant urine, should occur, there is a ray of hope left, and the disease may not reach the terrific height we have described.

There are three stages in this disease : 1. the *inflammatory stage*, 2. the stage of *eruption*, and 3. the stage of *collapse*; and as we have already said, that if the disease is not broken up in the first stage, but allowed to run into the second, the child is lost.

The first stage often makes its appearance very suddenly, and unexpectedly to the inexperienced eye. The parents should therefore ever be watchful, and have the needful remedies at hand.

The first stage is subdivided into a. *the stage of congestion*, and b. *the stage of inflammation*. Bearing this in mind, and noticing the symptoms of the first of these two stages, we become aware of the threatened danger; we regard it as the alarm bell, and

commence our treatment at once to prevent, if possible, the occurrence of inflammation.

1. *Symptoms of the stage of congestion.* A striking change in the manner and disposition of the child; it becomes peevish, fretful, naughty, leaves its playthings untouched, becomes indifferent to everything it was fond of before, cannot keep the head up, likes to lean it against something, and on noticing the child closer, it will be found frequently to be absorbed in thought, from which it starts suddenly. When trying to walk, the child stumbles, or even falls down, and the gait is unsteady. It drags the feet after it, and makes a motion as if on the point of going up steps. It complains of headache, and on a rapid motion of the head it becomes dizzy. The head is hot, the face red, frequently changing color, being very much flushed at one time, and pale at another. It is wakeful, drowsy without sleeping, or sleeps more than usual, frequently starts in its sleep, and is frightened by the slightest noise, groans, cries out in its sleep with a peculiar shrieking sound, and distorts its features. The eyes are injected, and sensitive to the light. The urine is muddy, whey-like, with a chalky-white sediment, and spare in quantity. Disposition to

vomit, or actual vomiting ; obstinate constipation. Dryness of the skin, want of appetite.

This stage may last for many days.

2. Symptoms of the stage of Inflammation.

Aggravation of all the foregoing symptoms ; the outwardly-perceptible heat in the head increases, and the child dreads every touch and motion of the head, liking to burrow it in the pillow. The headache is piercing, boring, chiefly in the forehead, pressing on the eyes and into the temples. On elevating the child it is apt to vomit, the same on any motion, whereas emetics act very slowly. The vomiting is stopped by a horizontal position, and a support to the head. When the child is older, delirium sets in, which puts a stop to the vomiting, and this does not return. The child is dozing all the time, but is very uneasy ; already slight spasms appear at times ; pupils are contracted, there is aversion to light, general excessive sensibility, very acute hearing, rolling of the eyeballs upwards, squinting. The face becomes pallid, sunken, and the features change, nose and lips become dry. Chewing, smacking of the tongue, gnashing of the teeth. The belly sunken, most obstinate constipation, or the fæces are clay-co-

lored, brown, or green. The skin is dry, flabby, discolored; a small dry and fine eruption appears. The urine, after having been standing awhile, is full of bright, glimmering particles. Uneasy, either slow or labored breathing, frequently accompanied with sighs. The hearing extraordinarily acute. Pulse 50-60; soft, and remains so for several days. In the congestive stage the actual fever is rare, and never in proportion to the intensity of the symptoms of the head.

3. *Symptoms of the stage of Exudation.* Pulse slow and irregular; if the child is roused from its slumber, either by headache or violent delirium, the rapidity of the pulse is augmented for a few minutes; indifference and unconsciousness increase, the features continue to alter, the child bores with its fingers in the nose and ears; bluntness of all senses with the exception of the sense of hearing, the whole body bent backwards, and the child burrows its head into the pillows; automatic motions of the hands, dilated insensible pupils, watery eyes, partial sweats, offensive breath, craving hunger.

4. *Symptoms of the stage of Collapse.* This stage lasts from one to three days. Complete

insensibility, or torpor. Profound sleep with eyes half open, deadness of all the senses, squinting, blindness, convulsive distortion of the eyeballs, general convulsions, or partial spasms, the body is rigidly bent backwards, paralysis of one side of the body, involuntary discharges of fæces and urine, or retention of urine with greatly-distended bladder, rapid and short respiration, interrupted more and more frequently by long and deep sighs, difficult deglutition, pulse frequent and small, increased fever, burning hot skin.

Soon after, death closes this sad scene, with or without convulsions.

The foregoing description of this formidable, and so frequently fatal, disease—one which requires all the skill and experience of a good physician,—will impress every parent with the rashness of relying on domestic treatment for it, and the danger of delay.

As soon as the symptoms of the congestive stage manifest themselves, a physician should be called in, and it will be a fortunate circumstance for the little sufferer, if his case be confided to the hands of a true physician, a conscientious practitioner, who is willing, and knows how, and when, to combine the curative means of the Homœopathic system, with the palliative and auxiliary measures of the Allopathic school.

If, meantime, alarming symptoms should appear, such as spasms, rigidity of the muscles, hot head, red face, distorted features, open, staring, and glassy eyes insensible to light, dilated pupils, foam at the mouth, insensibility, tossing about of the head,—lose no time in placing the child into a hot bath for five or ten minutes; then, if it be costive, administer a dose of castor oil; at the same time an injection; mustard plasters to the calves of the legs, and cold applications to the head.

Leeches should never be applied to children, except under the direction of a physician. Children can bear very little loss of blood, and there are many cases on record of their having died from leech-bites.

With regard to the best mode of making cold applications to the head a variety of opinion exists in the profession.

Some recommend their being made with cloths, dipped in cold water, and wrung out; but even with the greatest care, it is difficult to prevent the running down of the water on the body, thus perhaps causing a cold, which would be a very untoward circumstance, and liable to lead to a serious aggravation of all the symptoms.

Others prefer, for the sake of avoiding such consequences, that cold water or pounded ice be placed in a bladder, and thus laid on the head. Two bladders are generally em-

ployed for this purpose, that one may be replenished whilst the other is doing its service.

It is undeniable that cold applications have been productive of much good, but they are dangerous remedies which should be employed with the greatest care.

They have occasionally, also, done harm ; the cold repels the blood from the head, which is the object to be attained ; but should the applications be discontinued too early, a frightful reaction may follow, and the blood rush back with great force aggravating the inflammation.

Fatal results are known to have occurred in cases of adults, suffering with inflammation of the brain occasioned by the unskilful management of cold applications to the head.

HOMŒOPATHIC TREATMENT.

THE ailments occasioned by a strictly natural dentition require but little medicine—that little should, however, be carefully and judiciously chosen.

The irritation which generally accompanies dentition, is most easily subdued by a few doses of *Coffea*. This remedy will, however, remain without any effect, if the mother has been in the habit of using coffee as a daily beverage. In such a case *Aconite*, and afterwards *Chamomilla*, would deserve the preference. A flow of saliva, loose stools, or slight diarrhœa, which generally accompany the cutting of teeth, do not require any treatment; those symptoms disappear as soon as the cutting of the teeth, occasioning the discomfort, is accomplished.

Children in whom the irritation, consequent upon dentition, continues for a long time, and who lose strength, or flesh, in consequence of it, are relieved by a few doses of *Calc. carb.*, which ought to be given with four to six hours' intervals.

Teething is sometimes accompanied with a febrile condition, appearing and disappear-

ing at intervals. This febrile state deserves especial consideration, when it occurs in plethoric, fleshy children, in whom it inclines to become a local affection. The successful treatment of this fever requires the utmost regard to the irritability, etc., of the patient, which is uncommonly increased at that period of life.

Aconite is the best remedy to subdue that irritation, and is altogether a medicine of great importance in the diseases of infancy, where the least vascular irritation is easily increased to an inflammatory fever, on account of the greater activity prevailing in the vascular system previous to the development of the organs being accomplished. No remedy is better adapted than *Acon.* to allay that fever.

The slighter degrees of increased irritability in the vascular or nervous system, indicated by an increase of temperature, thirst, sudden screams, and grasping at the mouth, startings during sleep, as if in affright, etc., are sometimes relieved with *Coffea* or *Acon.*, *Cham.* or *Nux vomica*; *Coff.* and *Cham.* are especially indicated when the symptoms of a morbidly-excited sensibility prevail; *Acon.* is preferable when the principal irritation exists in the vascular system; *Nux* is the best remedy, when those symptoms are accompanied with a short, dry cough, and

costiveness. If the excessive irritability and sensibility of the nervous system is accompanied with great sensitiveness to the pains, occasioned by the piercing the gums, with thirst, heat, and redness of one cheek, and sweat about the head, especially with a catarrhal cough, hoarseness, and rattling of mucus in the trachea, no remedy surpasses *Cham.*, this is likewise the best remedy when the child has been brought up without the breast, and the fever is continuous, accompanied with great agitation of the nervous system, as manifested by anxiety and restlessness, starting on hearing anything fall, or upon hearing the least noise, and convulsive twitchings of the limbs while falling asleep.

If *Chamomilla* should not be sufficient, if the patient be plethoric and fleshy, if the symptoms be worse in the afternoon or at night, if the child's limbs or head be very restless and in constant motion, if the sleep be interrupted by screams, moans, or jerks, and the patient suffer violent, burning heat, great thirst, if the skin be red, the limbs tremble, if there be anxiety, short, quick, noisy respiration, visible oppression of the chest, and red eyes—*Belladonna* is the best remedy.

A frequent accompaniment of dentition is costiveness, most frequently found in children brought up by the spoon, but in those

also who have remained at the breast. The cause is always to be traced to some impropriety in the diet, or habitual costiveness of the mother or nurse. In both cases it is frequently sufficient to regulate the diet, upon which the functions of the bowels return to their normal state. But this does not always accomplish the desired end, and it is then advisable to resort to injections of luke-warm milk, or tepid water and sugar, or oatmeal gruel and oil, either olive or castor. If these injections should prove ineffectual, there is every reason to expect, that a tepid injection of milk and honey, or suppositories, will soon produce an action of the bowels. Dr. Hartmann has administered coffee, without milk or sugar, with very beneficial effect, keeping the bowels open for several days.

Where all such means fail in overcoming the torpidity and sluggishness of the alimentary canal, and when this costiveness is threatening danger to the health of the child, and, moreover, if there are other symptoms present, we must have recourse to internal remedies. Amongst these we strongly recommend *Nux vom.*, particularly if we can attribute the difficulty to errors in the mother's diet, or when owing to the richness of the mother's milk or other food. Next to this, *C. clem.* is a valuable remedy, when the peristaltic motion of the bowels is paralyzed,

and no desire whatever to go to stool is present ; also if there has been a gradual inflation of the abdomen. Besides these two remedies, *Sulphur*, *Alumina*, *Plumb. met.*, *Bryonia*, and *Veratrum*, have frequently proved serviceable. *Bry.* acts very much like *Nux*, and frequently when one fails, the other will accomplish the object. *Veratrum* is indicated where the activity of the intestinal canal is unimpaired, but a torpidity of the rectum is evident. A still higher degree of costiveness calls for *Sulphur* and *Lycopodium*, and in case of torpidity of the rectum, for *Alumina*—which, by the way, is one of the very best remedies in costiveness of children.

A good way is, to administer *Alumina* in the morning, *Plumbum met.* in the evening, and if they fail, or are exhausted, to give *Sulph.* in the morning, *Nux vom.* in the evening. The dose should be two or three pellets put on the infant's tongue.

Another, and a dangerous attendant in morbid dentition is *excessive* diarrhœa. A moderate degree of it is beneficial, but it is apt to become too profuse, and requires close watchfulness. So long as the evacuations retain a healthy color, and are not too frequent, they may be left alone, but when they become greenish, or watery, and set in with sudden prostration and pain, they require prompt and skilful attention, and the

administration of the lower dilutions, say the first and third. If taken in time, the treatment should be commenced with *Chamomilla*, if the evacuations be bilious or mucous, of a white, yellow, or greenish color, like chopped eggs, or of undigested food, smelling putrid, and accompanied with pinching colic, also when there is loss of appetite, thirst, coated tongue, fulness at the pit of the stomach, hard, inflated abdomen, urgency to vomit, and bilious vomiting, cries, restlessness, flinging about, and incessant desire to be carried.

Arsenicum should be given if the evacuations be watery or mucous, white, green, or brownish, occurring during the night, or after partaking of any kind of food, great thirst, sleeplessness, paleness of the face, sunken cheeks, and blue circles round the eyes, enlargement of the abdomen, with extreme weakness, and excessive emaciation.

Ipecacuanha against watery or mucous diarrhœa of a yellow, white, or green color, with nausea or vomiting, rending and cutting colic, with cries, restlessness, and flinging about, accumulation of saliva in the mouth, inflated abdomen, prostration, pale face, and irritable disposition.

Mercurius, if the stools occur principally at night, and are watery, mucous, and frothy, also bilious or bloody, of a green, white, or

yellow color, resembling boiled egg, with frequent tenesmus, burning, itching, and excoriation of the anus, violent and cutting colics, creepings and chills, cold sweats, trembling, and great lassitude.

Rheum, when there is flatulent distention of the abdomen, colic, crying, restlessness, tenesmus before, and after the evacuations, which are either of the consistence of pap, or watery, and somewhat slimy, occasionally of a greyish, or of a brown color, and when a sour smell is emitted from the body of the infant.

Sulphur is invaluable in protracted cases, or when there is great weakness, emaciation, and distention of the abdomen.

The most dangerous symptom of all in morbid dentition, is that of convulsions in their various forms, and one requiring prompt action. It will always be best to send for a physician at once upon the slightest appearance of convulsions, but as in the country the physicians often live at a great distance, it will be well to bear the following directions in mind:--

The first thing to be done is to place the child in a warm bath, and at the same time that it is immersed in this up to the shoulders, cold applications should be made to the head. These means will generally subdue the violence of the attack, and allow of the admi-

nistration of the following remedies in very low dilutions.

Belladonna is a sovereign remedy in this affection, at the accession of every convulsion, repeating it whenever it recurs. It is principally indicated for plethoric and corpulent children, and those of sanguineous temperaments. Characteristics of the paroxysm are—the child starts suddenly while sleeping, seemingly under the impression of a frightful dream, stares about wildly, the pupils are much enlarged, the whole body or single limbs become stiffly convulsed, the forehead and hands are dry and burning, and occasionally there follows clenching of the hands and involuntary urination. On returning consciousness the attacks will sometimes recur from the least touch. It is applicable also, when the spasms are preceded by smiles, or laughter.

If the spasms be followed by coma or stupid sleep, with irregular respiration and coldness of the surface of the body, *Opium* should be administered in the same form as the *Bell.*, until a favorable change be effected.

Mercurius is called for when the child is plethoric, the whole body convulsed, or all the muscles rigid, the head hot, face red, the features distorted, the eyes open, glassy and staring, insensible to light, pupils dilated,

foam at the mouth, insensibility, cold extremities, moaning, and gnashing of the teeth, tossing about of the head on the pillow, opisthotonos.

Chamomilla is indicated for children of nervous, sanguineous temperaments, and endowed with extreme sensitiveness, peevish, fretful irritability. The characteristic symptoms for this remedy are—when the child is fretful, restless, and disposed to drowsiness while awake, the eyes become half closed, one cheek is red, the other pale, moaning for drink, consciousness ceases, twitches of the eyelids and muscles of the face, with contortions of the eyeballs, jerks and convulsions of the extremities, with clenched thumbs, while the head is constantly rolling from side to side.

The *Bell.* and *Cham.* harmonize in alternation. If *Bell.* is first indicated, and does not promptly suppress the convulsion, it will frequently modify the symptoms, so that the group of them will be successfully controlled by *Cham.*, which, if it does not, will in its turn create a susceptibility, so that the repetition of the *Bell.* will remedy the case it primarily failed to reach, and vice versa.

Ignatia applies to pale and delicate infants, of tame or peevish dispositions, and to hysterical alternations of vivacity and sadness, such as laughing and crying at the same

breath. Characteristic symptoms :—the child, while reposing in a moaning, light slumber, becomes suddenly and repeatedly flushed with burning heat, awakes and springs with a convulsive start ; the most soothing attentions scarcely availing to quiet the excitement, a tremor seizes the entire body, attended by violent crying, or agonizing shrieks, and the muscles of single limbs become convulsed. It is also indicated when the spasmodic paroxysms occur every day at a regular hour, followed by fever and perspiration, or when they occur every other day at variable hours, or when the *Bell.* and *Cham.* do not appear to be efficient.

Arsenic, when the child is irritable, and restless, cries for some particular thing, which, when offered, it rejects, has an insatiable thirst, frequently throws off even the little food which it may have eaten, has a diarrhœa often of undigested food, constantly points with a painful expression of countenance to the lower part of the abdomen, tosses about at night, and obtains short restless sleep towards morning only. Paroxysms recur frequently, the child cries as if from a perverse temper, stretches its feet out, and hands convulsively backward, then throws its hands about, and rolls over with violent shrieks, alternates its position, convulsively bending forward with clenched fingers, and extended

thumbs. All efforts to allay the spasmodic excitement by soothing expressions irritate the sufferer.

Cuprum metallicum, when the whole head is bloated, face red and swollen, child shrieking, before the attack, nausea and vomiting, whilst it lies in a lethargic state, when consciousness returns, it tosses about, writhes and cries, the abdomen bloated and tense, involuntary discharge of thin fæces, convulsive motions and distortions of the extremities, followed by epileptic paroxysms, and total loss of consciousness.

PHYSICAL EDUCATION OF INFANTS.

AND now, in conclusion, we would suggest a few general principles for the physical education of infants.

This depends particularly on the removal of positively-injurious influences, which interfere with and impede the natural development of the organism; partially, too, on the aid of those influences, which support and wisely direct the activity of nature. The great first principle, which cannot be too strongly impressed upon the mind, is always to follow the course marked out by nature, without violating any of her laws, or endeavoring to control her; and not to spoil by anxious, and officious, interference that which she teaches, and acts out in sublime simplicity.

The physical education commences with the beginning of life. During pregnancy already, it is the mother's duty to lay the foundation of a healthy constitution for her child, by a strict observance of dietetic laws. The first duty after its birth, is the care that the atmosphere of the room should not be in too great a contrast to the warmth of the

mother's womb. To attain this, the lying-in chamber should be comfortably heated, and warm clothing be ready at hand, not forgetting a warmed flannel shawl in which to wrap the new-born child, even before it can be dressed. The breathing will be very much facilitated by a horizontal position, because the chest becomes thereby elevated. The first air the child breathes must be pure and dry. A warm bath should follow the birth immediately, both with a view to cleanliness, and for the sake of a gradual change of the temperature. Sponging is not only insufficient, but very liable to give the infant a cold ; it should be immersed in the water up to the neck. The head must be especially attended to, with reference to cleanliness. This is frequently neglected for fear of injury, and the consequence is not only an accumulation of filth, but a diseased vitality of the skin, which leads to eruptions, prevents the growth of the hair, and disfigures the infant, besides exercising an injurious influence on the general health, and frequently defying the most skilful treatment.

Nature has in the hair provided the natural covering for the child's head ; every artificial covering within doors, such as a cap, for instance, is therefore objectionable, because it heats the head, and promotes perspiration, which is at the same time, partially

at least, prevented from escaping by the same cause.

The dress should not arrest the free motion of the body or limbs ; it should exercise no undue pressure on any particular part, should not keep the body in an uncomfortable position, or warmer in one part than in another, but be uniform, and vary according to the season and temperature.

Hardening of the child's body should consist merely in endeavoring to endue it with the power to preserve its health under the manifold influences to which it must be exposed. This certainly forms a very important item in physical education, but requires great caution and judgment, and should never be forced. The dangers which menace the body by the influence of outward circumstances, are all the greater, the more sensitive the body is, and the less its power to withstand such influences. Our object, then, in hardening the body, is to diminish the susceptibility, and to increase the power to withstand. We arrive at it, by imparting the utmost firmness and strength to the individual organs of the body, and habituating the entire organism to bear exertion without injury, to be deprived of agreeable things, and to submit to the disagreeable without complaint. Looking upon this hardening in a proper light, it is evident that it cannot be

attempted during tender infancy, except in a preparatory way, but in the progressive development of the body only. The means for hardening consist in a frequent and ample exposure to the open air, application of cold, by frequent washing and bathing in cold water, taking care not to dress the child, or cover it at night, too warmly, much exercise in the open air, even during cold and rough weather.

The best nourishment for a child in the first period of its life is the mother's or nurse's milk. During the first months that should constitute its only food, and subsequently nearly until dentition commences, it should be the child's *main* nourishment.* If it be

*The mother's milk is, of course, the most natural, and those mothers who would deny their infants the breast, in order to follow the frivolities of fashionable life, commit a grievous wrong. They wantonly throw away one of the purest and holiest pleasures accorded by Providence, and can hardly hope to receive in after-life that love and devotion from their children, which the conscientious and self-sacrificing mother may reasonably look for, from those whose welfare had been her constant, and cherished, care from earliest infancy. She, who will heartlessly surrender her maternal care to a hireling, can hardly expect maternal privileges.

But there are cases, where a mother ought not to nurse her offspring. This is counter-indicated by

necessary to bring up a child by the spoon, skimmed milk with water, thin broth, vegetable mucilage, etc., are the most appropriate articles of food. As they grow older, it is well to accustom children to more solid nourishment. Meat is not injurious in itself, and

every abnormal condition of the mother. Those who are in consumption, or have a hereditary, or accidental, tendency that way, who have a scrofulous diathesis, are epileptic, scorbutic, have chronic eruptions, or chronic diseases of any kind, a disposition to cancer, who are syphilitic, rheumatic, neuralgic, or hysterical, should not nurse, if they value the health and happiness of their offspring. Women, too, who have been much exhausted by loss of blood, and other fluids, or by long sickness, or who possess great bodily and mental irritability, should not nurse. The advanced age of the mother is another objection. Women who have passed forty, ought never to have children, because these will be, even at their birth, impressed with the stamp of age, which may occur also if the mother be young, and the father an old man. To guard infants, born of old mothers, as much as possible against the infirmities of premature age, it is the parent's duty to give it a fresh, youthful wet-nurse. This is particularly the case if such mothers have had no children previously, or none for a long time.

The selection of a wet-nurse is generally far too lightly considered, whereas it is in fact an exceedingly difficult thing to find one, who can fill her place thoroughly. She ought to be young and healthy, to have plenty of milk, well-formed breasts and nipples, a quiet temper, and no tendency to debauchery. The beau-ideal of a good wet-nurse is a fine white skin

it is one of the prejudices of olden times to believe that children will be guarded against disease, or be able to overcome it more easily, if they are brought up upon vegetable diet until the seventh year.

Vegetables are never so nourishing as meat. Children, therefore, who are fed exclusively on vegetables acquire a weakly constitution, and become more predisposed to disease, and less able to overcome its ravages. Smoked, salted, or pickled meats, all things difficult of digestion, and loading the stomach without yielding proportionate nourishment, pungent or fat things, pastry, puddings, etc., are objectionable food for children.

It will always be found, that those children thrive best who get meat-broths before or after weaning. Milk that is taken from cows which are kept in town, is slow poison to children. These cows, imprisoned, in dirty, close stables, and fed on distillery swills, and the like, may yield milk good enough to color

with many veins and freckles, light brown hair, large blue eyes, sound teeth, a fresh breath, no offensive perspiration, and no morbid secretion from the vagina; she ought to have a whitish blue, rather thin, than rich milk, large, firm nipples, a clean body and a harmless disposition. It is very seldom that such a person can be found, but it is as well to bear the beau-ideal in mind, and to approach to it as nearly as possible in making a choice.

coffee, but not to become food for infants or children. Many a child "ailing," and suffering without apparent cause, has become healthy and strong as soon as such milk was withdrawn, and broths of chicken and pigeon were substituted. As they grow older they must be accustomed to more variety in their diet. They should be fed frequently, and with little at a time.

Weaning is one of the most important epochs of life, and on the management at that period frequently depends the constitution, and the more or less of disease in after-life.

With the view of laying the foundation for a good constitution, and guarding against disease, the transitions from the mother's milk to more solid food should be gradual, and no sudden change in the mode of the child's life should be made. Nature herself indicates by the cutting of the teeth, when it is best to begin gradually to accustom the child to more solid food. Before this period no child should be weaned, because the various complaints which may attend it, render the milder and more certain nourishment of the mother's breast requisite. Therefore never wean a child before the ninth month, and never after the twelfth. The weaning may be accomplished by a gradual diminution in the frequency of giving the breast, and a propor-

tionate increase in feeding it by the spoon. A violation of this rule, a too sudden weaning, is sure to be productive of various diseases sooner or later, and amongst them that obstinate and fatal diarrhœa described in the foregoing pages.

In conclusion, we must seriously warn against the use of anodynes to quiet the child. Even if not immediately attended by perceptible injurious consequences, they are sure to render the child stupid for life, when persevered in for any length of time, as is too often, though secretly, the case with many nurses who consult their own comfort more than the child's welfare.

OUTLINE OF THE SYMPTOMS

OF THE FOUR PRINCIPAL REMEDIES COMING INTO RE-
QUISITION IN THE HOMŒOPATHIC TREATMENT OF
MORBIDENTITION.

1. *Aconitum napellus*.

Head.—Dizziness, chiefly on sitting up ; feeling of fluctuation in the brain ; headache with nausea and vomiting, stupifying pain in the head, weight and fulness in the forehead and temples, with expansion as of bursting ; shooting and beating sensation in the head, congestion, pains in the head, aggravated by moving, speaking, etc.

Eyes, etc.—Inflammation, lachrymation ; aching ; dilated pupils ; inflamed eyelid, excessive dread of light. Buzzing in the ears ; bleeding of the nose ; face puffed, hot, acrid ; red patches on the cheeks ; sweat on the forehead ; blue lips ; dry mouth, trembling, stammering speech ; burning and pricking in the throat ; bitter or putrid taste, unquenchable thirst ; disgust for food.

Stomach.—Bilious, greenish, or mucous and bloody vomiting, oppression about the stomach with difficult breathing.

Abdomen.—Tightness and aching on both sides between the ribs and hips; burning and aching in the region of the liver; jaundice; drawing pains in the abdomen on stooping; burning about the navel, tenderness of the abdomen to touch or motion.

Stools.—Constipation, small, frequent, soft stools with straining; watery stools; white stools with dark-colored urine.

Urine.—Scanty, burning, deep-red urine, with brick-like sediment.

Throat.—Pain in the larynx; continual desire to cough; short dry cough, chiefly at night; blood-spitting with cough.

Chest.—Short breath, chiefly during sleep; painful, anxious groaning, breathing; distressing oppression of the chest.

Skin.—Dry burning skin; yellow skin, incoherent talking, with closed eyes without sleep; loss of sleep from anxiety, with continual tossing; starts in sleep, inability to lie on the side.

Fever.—Dry, burning heat, with extreme thirst, sometimes preceded by chills, with trembling; heat, but chiefly in the head, with red cheeks and shivering throughout the body; pulse hard, frequent and quick.

Moral.—Great agitation, with anguish,

cries, tears, groans, etc., dread of death ; easily annoyed and frightened ; alternate tears and laughter ; despair of recovery, inclination to escape from the bed ; delirium, chiefly at night.

2. *Belladonna.*

Head.—Fits of vertigo, with tottering, and swimming of the head ; stupor and loss of consciousness ; fulness, weight, and violent aching in the head, chiefly in front above the eyes, and sometimes as if the head would burst ; feeling of expansion in the brain ; shootings, dartings as if from knives ; violent beating ; throbbing in the carotids ; congestion, especially on stooping ; feeling of cold or heat ; feeling of fluctuation as if from water, and heavy balancing and shocks ; headache, aggravated by motion, especially of the eyes, by shocks, touch, the open air, or a draught ; bending of the head backwards ; during sleep the head is buried in the pillow.

Eyes.—Heat and burning ; aching in the eyes and sockets, rising into the head ; heavy lids, quivering of the lids ; shootings in the eyes and corners, with itching ; eyes red, brilliant and convulsed, or fixed, sparkling and prominent ; look fixed, or furious and

unsteady ; twitches in the eyes ; inflammation ; yellow sclerotica ; burning tears ; immovable pupils ; gluing of the lids at night ; dread of light ; confused weak sight ; halo round the candle ; objects seem double or reversed.

Ears.—Boring, ringing, roaring, and humming in the ears ; hardness of hearing ; shooting in the parotid glands.

Nose.—Bruised pain in the nose ; shootings at night ; redness and burning at the end of the nose ; ulcerations in the nostrils ; bleeding ; smell too acute ; putrid odor in the nose.

Face.—Pale, sometimes suddenly alternating with red ; hollow face, with restless distracted air ; burning heat of the face ; bright redness and bloating of the face ; deep scarlet or bluish redness of the face ; hard swelling, and bluish redness of the face, chiefly one of the cheeks ; pimples on the temples, corners of the mouth and chin ; purulent and scabby pimples, chiefly on cheeks and nose ; twitchings of the mouth ; swelling of the lips ; pimples, scabs and ulcers on the lips ; trismus ; shootings and tightness in the joints of the jaw, swelling of the salivary glands.

Mouth.—Excessive dryness of the mouth ; froth on the lips ; much saliva ; throat and mouth filled with whitish, clammy mucus ;

violent hæmorrhage from the mouth ; excoriation of the inside of the mouth, tongue chapped, or covered with whitish mucus ; red swelling of the papillæ of the tongue ; pain of tongue, trembling and paralytic weakness of the tongue ; weak voice.

Throat.—Excoriation and shootings in the throat, chiefly on swallowing ; great dryness and burning in the throat and tongue ; inflammation of the tongue, supuration of the tonsils, painful swallowing, impossibility of swallowing a drop ; constant necessity of swallowing ; tightness and choking in the throat ; sensation of a foreign body in the throat.

Appetite.—Loss of appetite, loss of taste ; putrid taste ; burning thirst, often with horror of liquids.

Stomach.—Bitter or putrid, or sour and burning belchings, nausea ; retching with violent vomiting ; retching with complete inability to vomit ; hiccough ; pressure, cramp-like pains, chiefly after eating.

Abdomen.—Pain as from a stone in the abdomen ; bloating ; cramp-like pains in the abdomen ; feeling as if seized with claws ; soreness of the whole abdomen.

Stool.—Constipation ; mucous stools ; involuntary stools.

Urine.—Copious urine ; sometimes with profuse sweating ; incontinence and involun-

tary emission of urine; turbid or clear, or blood-red urine.

Larynx.—Catarrh with cough, hoarseness and tenacious mucus in the chest; voice hoarse and weak; loss of voice; cough chiefly at night; short dry cough; hollow cough; the slightest movement at night in bed renews the cough; expectoration of thick puriform mucus.

Chest.—Rattling in the bronchi; oppression of the chest; difficulty of breathing; irregular breathing; breathing short, anxious and quick; pressure in the chest; shootings in the chest; violent beatings of the heart; anguish at the heart.

Trunk.—Painful swelling and stiffness of the neck and nape.

Skin.—Hot, scarlet-red; swollen, total or partial; erysipelas; scarlet patches; eruption like measles; red, hot, shining swelling; boils; painful swelling of the glands.

Sleep.—Continual desire of sleep; fits of somnolent coma; coma broken by momentary awaking, with furious looks; sleeplessness at night on account of excessive anguish; frequent startings during sleep, with fright, groans, cries, anxious dreams.

Fever.—Shiverings and partial shudderings; the shiverings are chiefly in the evening; paroxysms of shiverings, alternating with heat, or shiverings followed by heat,

with exacerbation at night or in the evening; type quotidian; dry burning heat, often with swelling of the veins, beating of the carotids, heat, redness and bloating of the face, and burning thirst; pulse strong and frequent, or full and slow, or small and slow, or small and frequent, or hard and tense.

Extremities.—Drawing, aching, with feeling of torpor, and lively pain in the arms; swelling and scarlet-redness of arms and hands; in the shoulder, drawing aching, passing quickly from top to bottom of the arm; painful twitchings in arms and hands; weight and paralysis of legs and feet.

Moral.—Melancholy; great agitation with continual tossing, chiefly at night; groans and tears, fear, distrust, and a wish to flee; maniacal laughter; delirium at night; delirium with murmurs; silliness, fury, biting and tearing; madness; illusions of sense and frightful visions; complete loss of reason.

3. *Chamomilla.*

Skin.—Miliary eruption; skin heals with difficulty.

Sleep.—Coma; want of sleep at night, with fits of anguish; in sleep, startings with fright, cries, tossing.

Fever.—Continual alternation of partial

chill, or shuddering with partial heat; universal heat, especially in the evening or at night, in bed, with anxiety, thirst, redness of cheeks, hot sweat in the head; after or during heat, sour sweat with itching; burning heat with redness of the cheeks, (often only one,) chiefly at night, with groanings, tossings.

Moral.—Excessive anguish, as if the heart were about to burst, with complete prostration, restlessness, groans and tears; disposition to weep, and be troubled, quarrelsome humor and anger.

Head.—Giddiness, with darkening of the eyes; weight in the head.

Eyes.—Inflamed; matter in the eyes, gluing together at night; twitchings of the lids; eyes convulsed; sparks before the eyes.

Ears.—Drawing and tensive pains in the ears; dartings into the ears; humming in them; inflammatory swelling of the parotids.

Nose.—Bleeding from the nose.

Face.—Hot, red, burning, or redness and heat in one cheek, with cold and paleness in the other; swelling of the face, twitchings of the mouth and face.

Teeth.—Violent aching in the teeth, generally on one side, chiefly at night in bed, with red swollen cheeks; the pains are ordinarily drawing, or throbbing and darting, after hot drinks, especially coffee.

Mouth.—Dryness of the mouth and tongue; putrid odor of the mouth; convulsive movement of the tongue; bitter taste in the mouth.

Throat.—Sore throat, with swelling of the parotid glands.

Stomach.—Excessive thirst for cold drinks, vomiting of food, sour matter and phlegm; bitter vomitings; aching pressure, especially painful in the præcordial region; pressive gastralgia, as if from a stone in the stomach, with impeded respiration, chiefly after eating, or at night.

Abdomen.—Tightness, and anxious fulness in the hypochondrium, and in the epigastrium, with a feeling as if all were carried up into the chest; flatulent colic, with bloating of the abdomen; extremely-painful colic, drawing and cuttings in the abdomen; dartings in the abdomen; pressure toward the inguinal ring; spasms in the abdomen.

Stools.—Diarrhœa at night with spasmodic colic, and whitish mucous, or watery, or yellowish, or greenish stools; piles, with chaps and ulcers.

Larynx.—Catarrh and hoarseness; dry cough excited by continual tickling in the larynx; expectoration of bitter or putrid mucus.

Chest.—Fits of flatulent asthma, with anxiety and fulness in the præcordial region;

shootings in the chest chiefly on breathing; oppression of the chest.

Extremities.—Nocturnal pains, with paralytic weakness in the arms, paralytic and drawing pain in the hip, chiefly at night; cramp in the calves.

4. *Coffea.*

Excessively-sensitive painfulness of the parts affected. Excitability. Excessive irritation of the body and mind. Convulsions, with gnashing of teeth. Apoplexy. Sleeplessness. Increased feverish warmth of the body. Screaming of children. Headache, as if the brain were torn in two. Congestion of blood to the head. Excessively-sensitive hearing. Toothache, with restlessness, anxiety and inclination to weep. Sore throat, with great pain. Cramp in the stomach. Abdominal pains with a sensitiveness approaching to despair. *Diarrhœa*, also when *teething*. Short, dry, hacking cough. Suffocating catarrh. Cough with measles.

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